

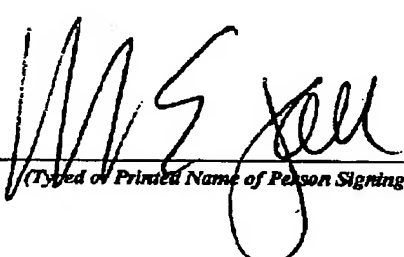
May 31 2009 7:58PM

MICHAEL E. ZALL

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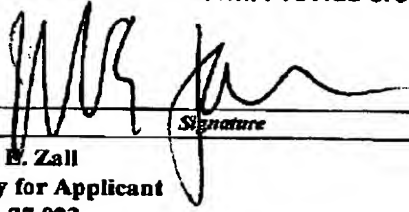

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JUN 01 2009

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)		Docket No. 3.0-042
Applicant(s):		
Application No. 10/552,692	Filing Date 06/07/2006	Examiner BUI, BRYAN
		Group Art Unit 2863
Invention: SHOE SHAPE SELECTION METHOD,		
<p>I hereby certify that this <u>Response to Office Action, Extension, Credit Card Payment,</u> <i>(Identify type of correspondence)</i></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u>)</p> <p>on <u>June 01, 2009</u> <i>(Date)</i></p> <div style="text-align: center; margin-top: 50px;">  <hr style="width: 100%;"/> <i>(Typed or Printed Name of Person Signing Certificate)</i> Michael E. Zall <hr style="width: 100%;"/> <i>(Signature)</i> </div>		
Note: Each paper must have its own certificate of mailing.		

P18/REV02

JUN 01 2009

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 3.0-042	
Applicant(s):						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/552,692	06/07/2006	BUI, BRYAN		2863	3786	
Invention: SHOE SHAPE SELECTION METHOD, ...						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	10 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	5 =	0	x \$210.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  Signature </div> <div style="width: 45%; text-align: right;"> Dated: June 01, 2009 <i>telexed</i> </div> </div>						
<div style="display: flex;"> <div style="width: 45%;"> <p>Michael E. Zall Attorney for Applicant Reg. No. 27,023 Two Yorkshire Drive Suffern, NY 10901 (845) 357-4533</p> </div> <div style="width: 5%; border-left: 1px solid black; height: 100px;"></div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p> <p style="text-align: center;">June 01, 2009 (Date)</p> <p style="text-align: center;"> Signature of Person Mailing Correspondence</p> <p style="text-align: center;">Michael E. Zall Typed or Printed Name of Person Mailing Correspondence</p> </div> </div>						
CC:						

P11LARGE/REV10